HCI Group, Inc.

Form 3

| November 13 | 6, 2013 | | | | | | | | | | | | |
|---|-----------------|------------|--|-----------------------------------|---|--|--------------------------------------|--|--|--------------|------|--|--|
| FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | | OMB APPROVAL | | | |
| Washington, D.C. 20549 | | | | | | | | | OMB Number: | 3235- | 0104 | | |
| INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF | | | | | | | | | | Januar | - | | |
| SECURITIES Expires: Canadal y 01, 2005 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Estimated average burden hours per response Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 0.5 | | | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Macchiarola James J | | | 2. Date of Event R Statement (Month/Day/Year) | | uiring 3. Issuer Name and Ticker or Trading Syr HCI Group, Inc. [HCI] | | | | ol | | | | |
| (Last) | (First) | (Middle) | 11/08/2013 | | 4. Relationship of Reporting Person(s) to Issuer | | | | f Amendment, Date Original cd(Month/Day/Year) | | | | |
| 5300 WEST | CYPRESS | ST | | | (Check | all applicable) | | | | | | | |
| (Street) TAMPA, FL 33607 | | | XDirector 10% Ov Officer Other (give title below) (specify below | | | 6. Owner Fi X ow) Pe | ling(C K_ Forr erson _ Forn | ndividual or Joint/Group ng(Check Applicable Line) Form filed by One Reporting on Form filed by More than One orting Person | | | | | |
| (City) | (State) | (Zip) | Tal | ble I - N | Non-Derivat | ive Securiti | es Bene | ficial | ly Owned | | | | |
| 1.Title of Secur (Instr. 4) | ity | | Ber | Amount o neficially str. 4) | f Securities Owned | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature Ownersh (Instr. 5) | ip | direct Benefi | cial | | | |
| Reminder: Repo owned directly | or indirectly. | | ach class of securitie | | ^{ially} S | EC 1473 (7-02) |) | | | | | | |
| | require | d to respo | ained in this form and unless the for MB control numb | m displ | | | | | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | |
| 1. Title of Deriv (Instr. 4) | vative Security | Expi | ate Exercisable and ration Date //Day/Year) | Securiti | and Amount of ies Underlying ive Security | f 4. Conversio or Exercis | | | 6. Nature Beneficia (Instr. 5) | | | | |

(Instr. 4)

Title

Expiration

Date

Exercisable Date

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

Reporting Owners

| Reporting Owner Name / Address | | | | | | | | | | |
|--|------------|-----------|---------|-------|--|--|--|--|--|--|
| I G G G G G G G G G G G G G G G G G G G | Director | 10% Owner | Officer | Other | | | | | | |
| Macchiarola James J 5300 WEST CYPRESS ST TAMPA, FL 33607 | ÂX | Â | Â | Â | | | | | | |
| Signatures | | | | | | | | | | |
| /s/ Cathy J. Welch as Attorney- Macchiarola | 11/13/2013 | | | | | | | | | |
| **Signature of Rep | Date | | | | | | | | | |
| Explanation of Responses: | | | | | | | | | | |

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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Remarks:

No securities are beneficially owned as of the date of event requiring statement.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.